

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ORDER TO MODIFY SECOND OR CONTINUING ORDER	FILE NO.
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In the matter of _____

1. Date of Hearing: _____ Judge: _____ Bar no. _____

☐ second

2. This court issued a ☐ continuing order on _____ directing the above named individual
Date of continued treatment order

to undergo a program of alternative treatment or combined hospitalization and alternative treatment not to exceed one year.

3. The court has been notified that:

☐ the individual is not complying with the order.

☐ alternative treatment has not been or will not be sufficient to prevent harm or injury the individual may inflict upon self or others.

☐ the individual believes that the alternative treatment program is not appropriate.

4. THE COURT FINDS:

IT IS ORDERED:

☐ 5. The one year order is modified and the individual shall undergo a program of alternative treatment under the supervision
of _____ ☐ community mental health services program
☐ a mental health agency or professional

as follows: _____

This alternative treatment shall not exceed one year from the date of issuance of the one year order.

☐ 6. The one year order is modified and the individual shall be hospitalized at _____

for the remainder of the initially ordered one year, or 90 days, or for the remainder of the 90 day hospitalization portion of the
one year order, whichever is shortest.

Do not write below this line - For court use only

☐ 7. The one year order is modified and the individual shall continue to undergo combined hospitalization and alternative treatment for the remainder of the initially order one year. The individual shall be hospitalized at _____ for a period not to exceed the remainder of the initially ordered one year period, or 90 days, or for the remainder of the 90 day hospitalization portion of the one year order, whichever is shortest. Alternative treatment shall be under the supervision of _____ ☐ community mental health services program ☐ a mental health agency or professional as follows: _____

NOTICE: The court must be promptly notified of the individual's release from the hospital to the alternative treatment program along with a psychiatrist's statement that the individual is clinically appropriate for alternative treatment.

☐ 8. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

9. This order expires on _____ . Note: No later than the 90 day period of the initial order.
Date

Date

Judge

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

1. This court has ordered you to be hospitalized rather than continue in an alternative treatment program.

2. You have a right to object to this hospitalization. If you wish to object, notify the _____
County Probate Court. Complete the objection below and send a copy to the court.

PROOF OF SERVICE

I certify that this notice was personally served on the above individual on _____ at _____ m.
Date Time
and a copy mailed to the _____ Court on _____ .
Date

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection.

Date

Signature